

TAX RELIEF FOR THE ELDERLY AND DISABLED ANNUAL AFFIDAVIT

Montgomery County Commissioner of the Revenue
755 Roanoke St. Suite 1A
Christiansburg, VA 24073
(540) 382-5710

TAX YEAR:	
PARCEL ID:	
PPID #:	

Senior		Exempt	
Disabled		Deferred	

APPLICANT	SPOUSE
Name:	Name:
Social Security Number:	Social Security Number:
Birth Date:	Birth Date:
Address:	
Phone Number:	

Is this residence your sole dwelling?	YES		NO	
Is the applicant owner		or partial owner?		
Does anyone live in the house other than the spouse?	YES		NO	
If Yes, Name: _____				
*Is any portion of the house rented to another person?	YES		NO	
*Do you own any real estate other than this house?	YES		NO	
*Have you sold or transferred any real estate, stocks, bonds, bank account or personal property the previous year?	YES		NO	
If you answered yes to any of the *Questions, please provide details on back.				

Income (from previous year)	APPLICANT	SPOUSE	RELATIVE
Earnings			
Social Security/SSI			
Railroad Retirement			
Pensions			
Veterans Benefits			
Interest/Dividends			
Food Stamps/Fuel Assistance			
Other Income			
TOTAL			
Net Worth (as of 12/31 of previous year)	APPLICANT	SPOUSE	
Real Estate			Please Attach Copies of Proof of Income.
Passbook Savings; CD's; Trust Fund			
Checking Account/Cash on Hand			
Stocks/Bonds/401K/IRA's/Etc.			
Life Insurance (Cash Value)			
Motor Vehicles:			
Make:			
Model:			
TOTAL			

Having fully read this completed form and understanding that exceeding or violation the limitations provided by ordinance shall nullify the exemptions for the current and following taxable years, I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief. I also hereby authorize the Commissioner of the Revenue to obtain any verification necessary to both determine and review financial assistance eligibility. This authorizes release of information to the Commissioner of the Revenue's Office.

Applicant's Signature

Date